

ISSUE SLIP STAPLE AREA (for additional cross reference)

| POSITION                  | INITIALS | ID NO. | DATE   |
|---------------------------|----------|--------|--------|
| FEE DETERMINATION         |          |        |        |
| O.I.P.E. CLASSIFIER       |          | 20     | 3/31   |
| FORMALITY REVIEW          | NN       | 778    | 4/4/01 |
| RESPONSE FORMALITY REVIEW |          |        |        |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date     |
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| Final Original |          |
| 1              | 08/15/00 |
| 2              | 08/24/00 |
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| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here